

To the Provider

The individual listed has been determined presumptively eligible for Wisconsin Medicaid in accordance with §49.465 Wis. Stats. This card entitles this individual to receive certain family planning related services including certain family planning related pharmacy services through Wisconsin Medicaid from any certified Medicaid providers for the time period specified on this card. (See card effective dates.) For additional information, see the All Provider Handbook, Recipient Eligibility or call Medicaid Provider Services at (800) 947-9627.

NOTE: The client may present this card prior to eligibility information being recorded on the Medicaid file. Providers should keep a photocopy of this card.

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES**WISCONSIN MEDICAID TEMPORARY
IDENTIFICATION CARD FOR
PRESUMPTIVE ELIGIBILITY FOR THE
FAMILY PLANNING WAIVER PROGRAM****SECTION IV - WISCONSIN MEDICAID PRESUMPTIVE ELIGIBILITY FOR THE FAMILY PLANNING WAIVER PROGRAM TEMPORARY IDENTIFICATION CARD**

Card Effective Dates (MM/DD/YY)		Medical Status Code PF	MA ID Number	Agency Code
From	Through			

Client Name and Address**To the Patient**

This card identifies you as being eligible to receive certain family planning services through the Wisconsin Medicaid Presumptive Eligibility for the Family Planning Waiver Program. You may receive these services from **any certified Medicaid Provider**. You must present this card to your provider **BEFORE** receiving medical care, services or supplies. In order to qualify for Wisconsin Medicaid Program benefits after the expiration date of this card, you must apply at your local county/tribal social or human services agency (or other application site) immediately. If you have any questions call: **1-800-362-3002**.